

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 8 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37807
Registrar's No. 1268

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH

(a) County Brookings
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Mental #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since 6/8/43 (Specify whether
In this community same years, months or days)

3. (a) PRINT FULL NAME

Lou Ann Shepherd
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 12 28 1869 (Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Huntsville (City, town, or county) Tex (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John P. Shepherd
13. Birthplace Keokuk (City, town, or county) (State or foreign country)
14. Maiden name Agnes J. Quinn
15. Birthplace Keokuk (City, town, or county) (State or foreign country)

16. (a) Informant Reaper
(b) Address State Hospital #2

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-18-43 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Walter Merckhoff

(b) Address 1307 Garvey St. St. Joseph, Mo.

19. (a) 11-18-43 (Date received local registrar) (b) Joe S. Sledge (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kennett (If outside city or town limits, write "RURAL")
(d) Street No. 4029 Main (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 18
year 1943 hour 6 minute 9 M.
21. I hereby certify that I attended the deceased from 6/8/43 to 11/18/43,
that I last saw her alive on 11/18/43,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Stimulants

Due to _____

Other condition Gravidal Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Sclerosis

Of operations 932

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature John P. Shepherd (Specify type of place) (b) Means of injury _____
Address St. Joseph, Mo. Date signed 11/18/43

(Licensed Embalmer's Statement on Reverse Side)

JUN 29 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Elbert B. Harrington

Licensed Embalmer No.....

3258 Mission

P. O. Address.....

St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.